

Fill in this information to identify the caseDebtor name 1917 Heights Hospital, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 21-31811☐ Check if this is an amended filingOfficial Form 206A/B**Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Checking accountChecking account1 6 5 7\$477.64

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$477.64**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of debtor's interest

Description, including name of holder of deposit

Description, including name of holder of prepayment

\$19,600.00

Current value of debtor's interest

\$7,000,000.00

Current value of debtor's interest

Name of fund or stock:

Name of entity: _____ % of ownership: _____

Describe:

\$0.00

☒ No. Go to Part 6.

☐ Yes. Fill in the information below.

Debtor 1917 Heights Hospital, LLC
NameCase number (if known) 21-31811

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
23. Total of Part 5				\$0.00
Add lines 19 through 22. Copy the total to line 84.				
24. Is any of the property listed in Part 5 perishable?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6			\$0.00
Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor 1917 Heights Hospital, LLC
NameCase number (if known) 21-31811**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Desks, Chairs, Tables, Beds/Mattress, Cabinets, Equipment, Tools, Supplies, Other *	\$387,315.00	FMV	\$387,315.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software TV's, Phone, Computer Equipment, Internet Equipment *	\$30,800.00	FMV	\$30,800.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1. Artwork *	\$1,500.00	FMV	\$1,500.00
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$419,615.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) A/C Unit, Patient Rooms (2nd Floor) * See Exhibit "A" attached for Office Furniture, Office Equipment, Artwork and Other Machinery, Fixtures and Equipment	\$61,000.00	FMV	\$61,000.00

Debtor 1917 Heights Hospital, LLC
NameCase number (if known) 21-31811**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$61,000.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 1917 Ashland Street Houston, Texas 77008 Hospital/Real Property	Ownership	\$55,000,000.00	FMV	\$55,000,000.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$55,000,000.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			

Debtor 1917 Heights Hospital, LLC
NameCase number (if known) 21-31811**64. Other intangibles, or intellectual property****65. Goodwill****66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00**67. Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest****71. Notes receivable**

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

SJ Medical Center, LLC		\$5,000,000.00
Nature of claim	<u>Breach of Lease</u>	
Amount requested	<u>TBD</u>	
Advanced Houston Specialty Hospital, LLC		\$2,000,000.00
Nature of claim	<u>Breach of Lease</u>	
Amount requested	<u>TBD</u>	
River Oaks Hospital & Clinics, LLC		\$2,000,000.00
Nature of claim	<u>Guaranty on Lease (Advanced Houston)</u>	
Amount requested	<u>TBD</u>	
Arbitra Capital, et al		\$150,000,000.00
Nature of claim	<u>Tortious Interference; Contract/Claims</u>	
Amount requested	<u>TBD</u>	

Debtor **1917 Heights Hospital, LLC**
NameCase number (if known) **21-31811**

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$159,000,000.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No☐ Yes**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$477.64</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$19,600.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$7,000,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$419,615.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$61,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$55,000,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+\$159,000,000.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$166,500,692.64</u>	91b. <u>\$55,000,000.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$221,500,692.64</u>

Location & Items	Quantity	Value /Each	Total Value
General Hospital			
Beds	15	\$ 3,500.00	\$ 52,500.00
Mattress	15	\$ 200.00	\$ 3,000.00
Bed Tables	10	\$ 100.00	\$ 1,000.00
Desks	5	\$ 100.00	\$ 500.00
Chairs	5	\$ 75.00	\$ 375.00
Cabinets	5	\$ 100.00	\$ 500.00
Carts	10	\$ 150.00	\$ 1,500.00
IT			
Equipment	1	\$ 5,000.00	\$ 5,000.00
Tools	1	\$ 3,500.00	\$ 3,500.00
Dietary			
Equipment	1	\$ 7,500.00	\$ 7,500.00
Tools	1	\$ -	\$ -
Supplies	1	\$ -	\$ -
Special Hospital			
Offices			
Desks	10	\$ 150.00	\$ 1,500.00
Chairs	10	\$ 100.00	\$ 1,000.00
Cabinets	10	\$ 75.00	\$ 750.00
Equipment	10	\$ 50.00	\$ 500.00
Other	10	\$ 25.00	\$ 250.00
Patient Rooms 3rd Floor			
Beds	20	\$ 500.00	\$ 10,000.00
Mattress	20	\$ 75.00	\$ 1,500.00
Bed Tables	20	\$ 200.00	\$ 4,000.00
Bed Tables	20	\$ 100.00	\$ 2,000.00
Night Stands	20	\$ 100.00	\$ 2,000.00
Chairs	20	\$ 150.00	\$ 3,000.00
TV's & Mounts	10	\$ 550.00	\$ 5,500.00
Carts	6	\$ 50.00	\$ 300.00
Patient Rooms 2nd Floor			\$ 26,000.00
Beds	20		
Mattress	20		
Head Boards	20		
Bed Tables	20		
Night Stands	20		
Desks	20		
TV's & Mounts	20		
Clinic			
Chairs	30	\$ 50.00	\$ 1,500.00
Beds	8	\$ 500.00	\$ 4,000.00
Dr Stool	12	\$ 110.00	\$ 1,320.00
Desks	10	\$ 125.00	\$ 1,250.00
Desk Chair	10	\$ 50.00	\$ 500.00
Side Chair	6	\$ 75.00	\$ 450.00

Location & Items	Quantity	Value /Each	Total Value
Office 2nd Floor			
Desk Set	1	\$ 3,500.00	\$ 3,500.00
White chairs	4	\$ 400.00	\$ 1,600.00
Round Table	1	\$ 250.00	\$ 250.00
Brown chairs	4	\$ 250.00	\$ 1,000.00
Conference Table	1	\$ 1,200.00	\$ 1,200.00
Conference Chairs	12	\$ 125.00	\$ 1,500.00
TV table	1	\$ 800.00	\$ 800.00
Side Cabinet	1	\$ 750.00	\$ 750.00
Couch	1	\$ 2,500.00	\$ 2,500.00
side chair	2	\$ 1,250.00	\$ 2,500.00
coffee table	1	\$ 600.00	\$ 600.00
side table	1	\$ 400.00	\$ 400.00
Clinics 160			
Rolling Equipment	4	\$ 20,000.00	\$ 80,000.00
Supplies	1	\$ 35,000.00	\$ 35,000.00
Waiting Room			
Chairs	40	\$ 75.00	\$ 3,000.00
Child Room	1	\$ 1,000.00	\$ 1,000.00
TVs	4	\$ 700.00	\$ 2,800.00
Phones	30	\$ 50.00	\$ 1,500.00
Computer Equipment	5	\$ 1,200.00	\$ 6,000.00
Internet Equipment	1	\$ 15,000.00	\$ 15,000.00
Art Work	15	\$ 100.00	\$ 1,500.00
Nurse Station			
Chairs	12	\$ 90.00	\$ 1,080.00
Dr Lounge			
Chairs	4	\$ 75.00	\$ 300.00
Tables	1	\$ 200.00	\$ 200.00
Equipment 1	1	\$ 1,200.00	\$ 1,200.00
Equipment 1	1	\$ 700.00	\$ 700.00
Equipment 1	5	\$ 100.00	\$ 500.00
Exam Rooms			
Exam Table	12	\$ 5,000.00	\$ 60,000.00
Dr Stool	14	\$ 110.00	\$ 1,540.00
Engineering Department			
Equipment	1	\$ 11,000.00	\$ 11,000.00
Tools	1	\$ 8,000.00	\$ 8,000.00
Supplies	1	\$ 12,000.00	\$ 12,000.00
AC Unit 1st Floor	1	\$ 35,000.00	\$ 35,000.00
Housekeeping			
Equipment	1	\$ 7,500.00	\$ 7,500.00
Tools	1	\$ 6,000.00	\$ 6,000.00
Supplies	1	\$ 3,000.00	\$ 3,000.00

Location & Items	Quantity	Value /Each	Total Value
Dietary			
Equipment	1	\$ 18,000.00	\$ 18,000.00
Tools	1	\$ 4,500.00	\$ 4,500.00
Supplies	1	\$ 5,000.00	\$ 5,000.00
Totals:			<u>\$ 480,615.00</u>

Fill in this information to identify the case:Debtor name 1917 Heights Hospital, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 21-31811
(if known)☐ Check if this is an amended filingOfficial Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1**Creditor's name**1917 Ashland Street 2, LLC**Describe debtor's property that is subject to a lien**unknown**Creditor's mailing address**c/o Madison Realty Capital**Describe the lien**520 Madison Avenue, Suite 3501Notice OnlyNew York NY 10022**Is the creditor an insider or related party?**

- ☒ No
☐ Yes

Creditor's email address, if known**Is anyone else liable on this claim?**

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred**Last 4 digits of account number****As of the petition filing date, the claim is:**

Check all that apply.

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$28,773,356.69**

Debtor 1917 Heights Hospital, LLCCase number (if known) 21-31811**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A

Amount of claim
Do not deduct the
value of collateral.

Column B

Value of collateral
that supports
this claim

2.2	Creditor's name <u>Ann Harris Bennett, Tax Assessor</u> Creditor's mailing address <u>P. O. Box 4622</u> <u>Houston, TX 7721-4622</u> Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Hospital/Real Property</u> Describe the lien <u>Taxes</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$526,151.51</u>	<u>\$55,000,000.00</u>
2.3	Creditor's name <u>Arbitra Capital Partners, LLC</u> Creditor's mailing address <u>c/o Miles Cohn, Attorney</u> <u>Crain Caton & James</u> <u>1400 McKinney Street, Suite 1700</u> <u>Houston TX 77010</u> Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Hospital/Real Property</u> Describe the lien <u>Loan</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$28,000,000.00</u>	<u>\$55,000,000.00</u>

Debtor 1917 Heights Hospital, LLCCase number (if known) 21-31811**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A

Amount of claim
Do not deduct the
value of collateral.

Column B

Value of collateral
that supports
this claim

2.4	Creditor's name <u>Barber Plumbing Services, LLC</u> Creditor's mailing address <u>4006 East Timbert Cut Court</u> <u>Pearland TX 77584</u> Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Hospital/Real Property</u> Describe the lien <u>Statutory Lien</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$7,144.50</u>	<u>\$55,000,000.00</u>
2.5	Creditor's name <u>Carrier Rental Systems</u> Creditor's mailing address <u>35961 Eagle Way</u> <u>Chicago IL 60678</u> Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Hospital/Real Property</u> Describe the lien <u>Statutory Lien</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$197,054.03</u>	<u>\$55,000,000.00</u>

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 1: Additional Page**

Column A

Amount of claim
Do not deduct the
value of collateral.

Column B

**Value of collateral
that supports
this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.6

Creditor's name

Harris County Appraisal DistrictDescribe debtor's property that is
subject to a lien

Creditor's mailing address

13013 Northwest Freeway

Describe the lien

Notice Only

Is the creditor an insider or related party?

Houston TX 77040-6305☒ No☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

Date debt was incurred

☒ NoLast 4 digits of account
number☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)Do multiple creditors have an interest in
the same property?

As of the petition filing date, the claim is:

Check all that apply.

☒ No☐ Contingent☐ Yes. Have you already specified the
relative priority?☐ Unliquidated☐ Disputed☐ No. Specify each creditor, including this
creditor, and its relative priority.☐ Yes. The relative priority of creditors is
specified on lines**2.7**

Creditor's name

Thyssen Krupp Elevator Corp.Describe debtor's property that is
subject to a lien**\$35,475.24****\$55,000,000.00**

Creditor's mailing address

P. O. Box 933004**Hospital/Real Property**

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

Atlanta GA 31193-3004☒ No☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

Date debt was incurred

☒ NoLast 4 digits of account
number☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)Do multiple creditors have an interest in
the same property?

As of the petition filing date, the claim is:

Check all that apply.

☒ No☐ Contingent☐ Yes. Have you already specified the
relative priority?☐ Unliquidated☐ Disputed☐ No. Specify each creditor, including this
creditor, and its relative priority.☐ Yes. The relative priority of creditors is
specified on lines

Debtor 1917 Heights Hospital, LLCCase number (if known) 21-31811**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A

Amount of claim
Do not deduct the
value of collateral.

Column B

**Value of collateral
that supports
this claim****2.8**

Creditor's name

Wilson Fire Equipment & Service CompDescribe debtor's property that is
subject to a lien\$7,531.41\$55,000,000.00

Creditor's mailing address

7303 Empire Central Drive

Hospital/Real Property

Describe the lien

Statutory LienHouston TX 77040

Is the creditor an insider or related party?

☒ No☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account
number

As of the petition filing date, the claim is:

Check all that apply.

Do multiple creditors have an interest in
the same property?☒ No☐ Yes. Have you already specified the
relative priority?☐ Contingent☐ Unliquidated☒ Disputed☐ No. Specify each creditor, including this
creditor, and its relative priority.☐ Yes. The relative priority of creditors is
specified on lines

Fill in this information to identify the case:Debtor 1917 Heights Hospital, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 21-31811
(if known)☐ Check if this is an
amended filingOfficial Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim

Priority amount

2.1 Priority creditor's name and mailing addressAs of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account
numberSpecify Code subsection of **PRIORITY** unsecured
claim: 11 U.S.C. § 507(a)()

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address 3M Company General Offices/3M Center St. Paul MN 55114-1000 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$995.00
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address ABC Homes and Commercial Services 11934 Barker Cypress Road Cypress TX 77433 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,031.04
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address Airgas USA, LLC P. O. Box 676015 Dallas TX 75267-6015 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,662.91
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address AT&T Wireless P. O. Box 105414 Atlanta GA 30348-5414 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,914.24

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address Baker Tilly Virchow Krause, LLP 11750 Katy Freeway, Suite 1100 Houston TX 77079 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.18
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address BeaconMedaes, LLC 1059 Paragon Way Rock Hill SC 29730 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,155.57
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address Bettencourt Tax Advisors 730 N.Post Oak Road, Suite 400 Houston TX 77024 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,519.37
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address CenterPoint Energy P. O. Box 4981 Houston TX 77210-4981 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,896.76

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div>	Nonpriority creditor's name and mailing address <u>Chem-Aqua, Inc.</u> <u>P. O. Box 971269</u> <u>Dallas TX 75397-1269</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,112.40</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div>	Nonpriority creditor's name and mailing address <u>City of Houston - Utility Bill</u> <u>P. O. Box 1560</u> <u>Houston TX 77251-1590</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$31,558.48</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div>	Nonpriority creditor's name and mailing address <u>Comast Business</u> <u>P. O. Box 660618</u> <u>Dallas TX 75266-0618</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,149.70</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div>	Nonpriority creditor's name and mailing address <u>Comcast</u> <u>P. O. Box 37610</u> <u>Philadelphia PA 19101-0601</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,850.01</u>

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address <u>Decorative Floors & More, LLC</u> <u>6709 Carvel Lane</u> <u>Houston TX 77074</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,456.07</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address <u>DirectTV</u> <u>P. O. Box 105249</u> <u>Atlanta GA 30348-5249</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,071.84</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> Nonpriority creditor's name and mailing address <u>Dolphin Plumbing</u> <u>10914 Sycamore Dr. South</u> <u>LaPorte TX 77571</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,675.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> Nonpriority creditor's name and mailing address <u>Elevator Technical Services</u> <u>P. O. Box 7429</u> <u>Houston TX 77008</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,910.00</u>

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address Entech Sales & Service, LLC 3404 Garden Brook Drive Dallas TX 75234-2444 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,446.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address ETS Environmental Testing Services, LLC 10908 Metronome Drive Houston TX 77043 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,039.05
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address Facilities Survey, Inc. 400 Penn Center Boulevard Suite 552 Pittsburgh PA 15235 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,214.52
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address First Class Generator Services P. O. Box 1373 Cypress TX 77410-1373 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,117.40

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address GFL Environmental P. O. Box 555193 Detroit MI 48255-5193 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285.27
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address HCSG Staff Leasing Solutions, LLC 3220 Tillman Drive, Suite 300 Bensalem PA 19020 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,790.15
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address IntegraNet Physician Resource, Inc. 1900 North Loop West, Suite 400 Houston TX 77018 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address Janitors Warehouse of Houston 6546-A Petropark Drive Houston TX 77041 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$754.60

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address <u>Johnson Controls Fire Protection, LP</u> <u>4700 Exchange Court, Suite 300</u> <u>Boca Raton</u> <u>FL</u> <u>33431</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$69,523.96</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address <u>Kings III of America</u> <u>751 Canyon Drive, Suite 100</u> <u>Coppell</u> <u>TX</u> <u>75019-3857</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,061.99</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address <u>Kyle A. Fitch</u> <u>c/o Eric J. Cassidy, Attorney</u> <u>909 Fannin Street, Suite 3800</u> <u>Houston</u> <u>TX</u> <u>77010</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address <u>LEI Grounds Groomers/Lightfoot Ent., Inc</u> <u>P. O. Box 267</u> <u>Vidor</u> <u>TX</u> <u>77670</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,108.60</u>

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> Nonpriority creditor's name and mailing address <u>Lingard Fitch</u> <u>c/o Eric J. Cassidy, Attorney</u> <u>909 Fannin Street, Suite 3800</u> <u>Houston TX 77010</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> Nonpriority creditor's name and mailing address <u>LKL Development Group, LLC</u> <u>c/o Eric J. Cassidy, Attorney</u> <u>909 Fannin Street, Suite 3800</u> <u>Houston TX 77010</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> Nonpriority creditor's name and mailing address <u>Med Center Developers, LLP</u> <u>1900 N. Loop West, #120</u> <u>Houston TX 77018</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$66,380.19</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> Nonpriority creditor's name and mailing address <u>Mueller Water Conditioning, Inc.</u> <u>P. O. Box 975118</u> <u>Dallas TX 75397-5118</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,990.00</u>

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address Presto-X P. O. Box 13848 Reading PA 19612-3848 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,668.05
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address Sabre Electric Company P. O. Box 79292 Houston TX 77279 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166,243.21
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address Sun Coast Resources P. O. Box 202603 Dallas TX 75320 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address The Hanover Insurance Group P. O. Box 580045 Charlotte NC 28258-0045 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,077.82

Debtor **1917 Heights Hospital, LLC**Case number (if known) **21-31811****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address <u>Tina Fitch</u> <u>c/o Eric J. Cassidy, Attorney</u> <u>909 Fannin Street, Suite 3800</u> <u>Houston TX 77010</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address <u>TXU Energy</u> <u>P. O. Box 650638</u> <u>Dallas TX 75265-0638</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$199,382.87</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address <u>UC LDBA Fund II, LLC</u> <u>745 Boylston Street, Suite 502</u> <u>Boston MA 02116</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Other</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address <u>US Small Business Administration</u> <u>1545 Hawkins Boulevard</u> <u>Suite 202</u> <u>El Paso TX 79925</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor 1917 Heights Hospital, LLCCase number (if known) 21-31811**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.41	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,740.55
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Check all that apply.

WCA Waste Systems, Inc.☐ Contingent1330 Post Oak Blvd., 7th Floor☐ Unliquidated☐ DisputedHouston TX 77210-4524

Basis for the claim:

Unsecured

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

☒ No☐ Yes

Debtor 1917 Heights Hospital, LLCCase number (if known) 21-31811**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Internal Revenue Service</u> <u>300 E. 8th Street Mail Stop 5026AUS</u> <u>Austin TX 78701</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	<u>0 7 3 6</u>
4.2	<u>Internal Revenue Service</u> <u>Centralized Insolvency Operation</u> <u>P. O. Box 7346</u> <u>Philadelphia PA 19101-7346</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Taxes	_____
4.3	<u>Office of the Attorney General</u> <u>P. O. Box 12548</u> <u>Austin TX 78711-2548</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.4	<u>United States Attorney's Office</u> <u>Southern District of Texas</u> <u>1000 Louisiana, Suite 2300</u> <u>Houston TX 77002</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor 1917 Heights Hospital, LLCCase number (if known) 21-31811**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.005b. Total claims from Part 2 5b. + \$912,353.755c. Total of Parts 1 and 2 5c. \$912,353.75
Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name 1917 Heights Hospital, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number
(if known) 21-31811Chapter 11☐ Check if this is an amended filingOfficial Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- | | | | |
|-----|---|--|---|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract | May 2021 Purchase and Sales Agreement (and addendum)
Contract to be ASSUMED | Contract Buyer for Heights Hospital
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract | July 2018 Lease (and amendments)
Contract to be ASSUMED | Cura Health Houston Heights, LLC
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

Fill in this information to identify the case:Debtor name 1917 Heights Hospital, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 21-31811
(if known)☐ Check if this is an amended filingOfficial Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing address	Name	Check all schedules that apply:
2.1 Dr. Dharmesh Patel	9811 Katy Freeway, Suite 1060 <small>Number Street</small> <hr/> Houston TX 77024 <small>City State ZIP Code</small>	Arbitra Capital Partners, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Robert Day	13111 Westheimer Rd., Suite 450 <small>Number Street</small> <hr/> Houston TX 77077 <small>City State ZIP Code</small>	Arbitra Capital Partners, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor Name 1917 Heights Hospital, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known): 21-31811☐ Check if this is an amended filingOfficial Form 206Sum**Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$55,000,000.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$166,500,692.64****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$221,500,692.64****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$28,773,356.69****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$912,353.75****4. Total liabilities**Lines 2 + 3a + 3b..... **\$29,685,710.44**

Fill in this information to identify the case and this filing:

Debtor Name 1917 Heights Hospital, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 21-31811

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/14/2021
MM / DD / YYYY

X


Signature of individual signing on behalf of debtor

Dr. Dharmesh Patel

Printed name

Manager

Position or relationship to debtor